## PART B - FEE(S) TRANSMITTAL

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| maintenance fee notificat  |  | CIWISC III DIOCK 1, 05 (a   |   |   | and or (b) indicating a sep   | 1 ( 1 - E )   |  |
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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)   |  |   |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.   |   |   |  |
| 22879  | 7590 06/18/  | /2008   | nav   |   |   |   |  |
| P O BOX 272400<br>INTELLECTUA  | CKARD COMPA<br>), 3404 E. HARMC<br>L PROPERTY AD                               | NY ROAD   | I he<br>Sta<br>add<br>trar  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |   |   |  |
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|  |  |   |   |   |   | (Date)  |  |
| APPLICATION NO.  | FILING DATE  | FIRST NAMED INVE  |   | 2   | ATTORNEY DOCKET NO.   | CONFIRMATION NO.  |  |
| 10/684,842 10/14/2003  |  | Ken Gary Pomaranski   | ranski 200310434-1  |   | 3525  |   |  |
| TITLE OF INVENTION: RUNTIME QUALITY VERIFICATION OF EXECUTION UNITS  |  |   |   |   |   |   |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE DUE   | PREV. PAID ISSU   | E FEE TOTAL FEE(S) DUE  | E DATE DUE  |  |
| nonprovisional   | NO   | \$1440  | \$300   | \$0   | \$1740  | 09/18/2008  |  |
| EXAM   | INER   | ART UNIT  | CLASS-SUBCLASS  |   |   |   |  |
| WU, JUNCHUN  |  | 2191  | 717-127000  |   |   |   |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>   |  |   | 2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |   |   |  |
| PLEASE NOTE: Unl recordation as set forth (A) NAME OF ASSIG  | ess an assignee is ident<br>in in 37 CFR 3.11. Comp<br>GNEE<br>d Development C | ified below, no assignee pletion of this form is NO Company, L.P. | (B) RESIDENCE: (CIT<br>Houston, Texas   | patent. If an assign<br>i assignment.<br>Y and STATE OR C   | COUNTRY)  | document has been filed for   |  |
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| Authorized Signature /James K. Okamoto, Reg. No. 40,110/ Date July 18, 2008  |  |   |   |   |   |   |  |
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